| Municipal Court County Court District Court County, Co | | | | | | ada | | |
|--|---|---|---|--|--|---|---|--|
| Court Address: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| VS. | | | | | | | | |
| | | | | | | | | |
| Attorney or Party Without Attorney (Name and Addres | | | | | | COURI | | |
| Allothey of Farly Winout Allothey (Name and Addres | | | | | | Arrest Number: | | |
| | | | | | | Warrant Number: | | |
| Dham | | | | | | Bond Number: | | |
| Phone Number: E-mail: FAX Number: Atty. Reg.#: | | | | | | Division Cou | rtroom | |
| 1700 | | | ,, | CONSENT OF | SURETY | Division | IIIOOIII | |
| | POSTED | | Defendant | Respondent | | Petitioner | Child | |
| NAME | OF PART | Y (print o | r type): | Middle | | | | |
| | | | | | | | | |
| The undersigned | | | | | | | | |
| bail boi | nding age | ent, auth | orized to give this co | | | | | |
| | | | | _ (print/type name of ba | ail insurance com | pany from bond power | of attorney, if applicable), | |
| consen | its as follo | ows: | | | | | | |
| | (1) (2) (3) | <i>contendere</i> or conviction. Continuance following conviction, but expiring upon the imposition of sentence. | | | | | | |
| | | | | | | | | |
| | (4) | Agent | - | | | be rescheduled to (da | | |
| | | persor | ally appear before the | at (time) ne Court to request th | Ager ie new appeara | nt waives any requiren | nent that the party e. | |
| | B. PERMISSION TO LEAVE STATE. Consent is given for party to leave the State of Colorado, subject to the terms and conditions of the permission granted to the party by order of Court. (The following Acknowledgement and Waiver must be signed by the party.) | | | | | | | |
| | appeara appeara the und | ance bon ance bon ersigned | d and all orders of thi d, I: (1) Waive extrac | s Court. In the event I lition proceedings; (2) | leave Colorado Agree to volunta | , then with respect to a rily return to custody in | et all conditions of the ny proceedings upon the Colorado, and (3) Grant sonable force as may be | |
| | PARTY (signature) | | | | (date) | | | |
| is void | if this doc | cument is | s not filed with the Co | ourt within twenty-four | (24) hours of th | | statement or continuation ecution, shown below. If Court. | |
| EXECUTED BY BAIL BONDING AGENT: (date) | | | | | | at (time) | | |
| Roil Pondi | a Agont Siza | aturo | | | Acontlian | | | |
| Bail Bonding Agent Signature Address: | | | | | Agent License/registration No. Power of Attorney No: | | | |
| City, State & Zip: | | | | | Date bond executed: | | | |
| | | | | | | · | | |
| | | | charge a fee for a cons | | | | | |